

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/763899

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
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TOTAL IND.	2		1			
TOTAL DEP.	18					
TOTAL CLAIMS	20		1			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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